

ASA: Your Instruction Sheet

Please follow your drop instructions (LEFT).
Please wait a few minutes in between drops.

Take a four-five hour nap after your procedure. You may take a sleep aid if you have difficulty sleeping. Wear your sleep shields during your nap and tonight while sleeping.

Do not drive or operate a vehicle, operate heavy machinery or enter into any binding legal documents for the first 24 hours after your surgery.

Do not rub, bump, or get anything in your eyes for the first four (4) days. This includes swimming. However, you may shower and bathe as normal.

Contact lenses have been placed on one or both of your eyes, do not remove. Your doctor will remove it at your follow-up visit. Contacts will be changed 1-2 times during the healing process.

Your vision will be blurry when you leave. You can expect it to improve in the next 24 hours. Your vision will fluctuate over the first few weeks.



ZYMAR (Prescription)
Today: 1 drop before nap
1 drop after nap
1 drop before bed

1 drop 4 times a day: DO NOT DISCONTINUE until advised to stop by your physician. Anti-infective drop.



FML (10 week schedule)
Today: 1 drop before nap
1 drop after nap
1 drop before bed

Week 1: 1 drop 4 x a day _____
Week 2 & 3: 1 drop 3 x a day _____
Weeks 4, 5 & 6: 1 drop 2 x a day _____
Weeks 7, 8, 9 & 10: 1 drop 1 x a day _____

(Provided) DO NOT DISCONTINUE until advised to stop by your physician. Topical steroid drop to control and prevent corneal haze



XIBROM (Prescription)
For today:
1 drop before nap
1 drop before bed tonight

1 drop 2 times a day for 5 days OR until advised to stop by your eye physician.



Artificial Tears (Refresh Plus)
(Over the counter) **4-8** drops a day for 1st week. 4 times or as needed up to the 3-month check-up. Other brands: Systane, Theratears, Refresh or Visine Artificial Tears



Celluvisc
(Over the counter) Apply inside lower lid at bedtime for 1 to 3 months or until advised to stop.

ULTRAM (prescribed) or other pain medication taken by mouth. Please take as directed on prescription to reduce discomfort.

PATIENT COPY

Your follow-up appointment is scheduled for

(unless otherwise specified by your doctor).

Patient Signature

Staff Signature

Office Number: 373-0300 or 800-226-8875